

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015737

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 160Primary Registration District No. 3030Registrar's No. 74

FILED MAY 1 1962

## 1. PLACE OF DEATH

a. COUNTY JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN FESTUS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 515 N. 2ND. STREETInside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO. b. COUNTY JEFF.c. CITY  
OR  
TOWN FESTUSInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
515 N. 2ND. STREETReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
ELLIOTT J.. LA ROSE4. DATE OF DEATH  
Month Day Year  
4-26-62

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2-24-18869. AGE (last birthday)  
76IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
including type of establishment)  
RETIRED CLASSWORKER10b. KIND OF BUSINESS OR INDUSTRY  
P.P.G.CO.11. BIRTHPLACE (City and state or country)  
BLOOMSDALE, MO.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

ALBERT LA ROSE

## 13b. MOTHER'S MAIDEN NAME

FELICIAN LABREYERE

## 14. NAME OF HUSBAND OR WIFE

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## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

LAURA GRAVES FESTUS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Vascular Heart disease

INTERVAL BETWEEN  
ONSET AND DEATH

unk

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

hephtitis

unk

## DUE TO (c)

Atherosclerosis

unk

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

March 1954 to April 26/62

and last saw her

April 25/62

Death occurred at

2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Harry Goskit M.D.

## 22b. ADDRESS

Festus Mo

## 22c. DATE SIGNED

4/27/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE  
4-28-6223c. NAME OF CEMETERY OR CREMATORY  
CATHOLIC23d. LOCATION (City, town, or county)  
CRYSTAL CITY, MO.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

GENTRY R. POLITTE CRYSTAL CITY, MO.

## 25. DATE RECD. BY LOCAL REG.

4/28/62

## 26. REGISTRAR'S SIGNATURE

John G. Still, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*J. Deputy*

JUN 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Henry R. Polite*

Licensed Embalmer No. 3481  
P. O. Address Crystal City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.